


RCRA RECORDS CENTER
FACILITY ACAMBIS INC
I.D. NO. MAD981887029
FILE LOC. R-1A
OTHER

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

<small>Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).</small>		Notification of Regulated Waste Activity  United States Environmental Protection Agency		Date Received (For Official Use Only)	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)					
<input checked="" type="checkbox"/> A. Initial Notification		<input type="checkbox"/> B. Subsequent Notification (Complete item C)		C. Installation's EPA ID Number M A D 9 8 1 8 8 7 0 2 9	
II. Name of Installation (Include company and specific site name) A C A M B I S I N C . C A N T O N F A C I L I T Y					
III. Location of Installation (Physical address not P.O. Box or Route Number)					
Street 9 0 S H A W M U T R O A D					
Street (Continued)					
City or Town C A N T O N				State M A	Zip Code 0 2 0 2 1 -
County Code	County Name N O R F O L K				
IV. Installation Mailing Address (See instructions)					
Street or P.O. Box 9 0 S H A W M U T R O A D					
City or Town C A N T O N				State M A	Zip Code 0 2 0 2 1 -
V. Installation Contact (Person to be contacted regarding waste activities at site)					
Name (Last) B A R T O R E L L I			(First) D A V I D		
Job Title O P E R A T I O N S M G R .			Phone Number (Area Code and Number) 7 8 1 - 8 2 8 - 9 2 8 8		
VI. Installation Contact Address (See instructions)					
A. Contact Address Location Mailing <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		B. Street or P.O. Box 9 0 S H A W M U T R O A D			
City or Town C A N T O N				State M A	Zip Code 0 2 0 2 1 -
VII. Ownership (See instructions)					
A. Name of Installation's Legal Owner A C A M B I S I N C .					
Street, P.O. Box, or Route Number 3 8 S I D N E Y S T R E E T					
City or Town C A M B R I D G E				State M A	Zip Code 0 2 1 3 9 -
Phone Number (Area Code and Number) 6 1 7 - 4 9 4 - 1 3 3 9		B. Land Type P	C. Owner Type P	D. Change of Owner Indicator Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				Date Changed Month Day Year 1 2 4 0 0	

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
U 122	U 154	U 188			
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D 0 2 2			

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
MAOI					

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

DONALD F. GERSON, VP Manufacturing

Date Signed

23 JAN 02

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)